# Impact 100 Greater Indianapolis Final $100,000 Grant Report Form

Organization:

Project Title:

Contact Person Name and Title:

Address:

City, State, Zip Code:

Email and Phone:

Date Submitted:

**Please complete the following and submit with this completed form.**

1. Please list the primary goals identified in the organization’s proposal, indicating which were attained and which were not attained.

| Goals Attained | Goals Not Attained |
| --- | --- |
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1. For those goals attained, describe the progress made towards obtaining each of those goals, noting specific examples.
2. For those goals not attained, please explain the variance and any anticipated progress in the future towards narrowing the differentiation between the goal and the actual.
3. If applicable, please explain why proposed elements of the project were not implemented.
4. Please describe any unanticipated benefits and/or challenges encountered throughout the implementation of the project/program and, if applicable, what the organization learned from either the benefits and/or challenges noted. How will this information be used in the future?
5. Describe how collaborative efforts with individuals and/or organizations affected the outcome and/or progress of the proposal, including planning, implementing, funding and/or evaluation of the project/s.
6. What impact did Impact 100 Greater Indianapolis’ grant have on your organization’s target population and its community? Please quantify where possible.
7. If possible, provide a “human interest story” that illustrates a success of the project.
8. What steps are being taken to ensure the sustainability of the project or organization beyond the grant period?
9. Were any additional funds from various sources received as a result of Impact 100 Greater Indianapolis’ support? If so, please share the connection as it relates to Impact 100.
10. Please attach any relevant materials relating to the project such as any of the organization’s printed materials, i.e., annual reports, brochures or letters referencing Impact 100 Greater Indianapolis, as well as local press or media items.
11. Fiscal information —Please complete the budget form on the attached page for the project.
    1. Indicate any changes in the proposed project budget since the original proposal was submitted.
    2. Indicate project-to-date costs for each line item (spent or encumbered).
    3. Update funding sources for the project.
    4. Indicate where Impact 100 Greater Indianapolis funds were spent.
    5. Submit your nonprofit organization’s financial information for the current fiscal year indicating income and expenses. This can be submitted as your most recent CPA audit, financial review or 990 (in order of preference) for your agency.

If all of Impact 100 Greater Indianapolis’ grant funds have not been spent, please contact Impact 100 Greater Indianapolis at grants@impact100indy.org immediately.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Printed Name, Title:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Printed Name, Title:

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## Grant Request and Budget Narrative

Please summarize your estimated budget for the budget activities. Add a brief narrative description of each line item to the tables. Not all budget categories apply to all applicants, and add lines if necessary. Please limit the detailed budget to two pages. The grant budget must balance.

Organization:

Budget Time Period:

## INCOME

|  |  |  |
| --- | --- | --- |
| *Provide a brief narrative description for each applicable line item. In the income section list each income source as either Potential (P) or Committed (C)* | Cash  Income | In-Kind Goods and Services |
| 1. Service Fees and Admissions: | $ | $ |
| 1. Corporate Contributions/Sponsorships | $ | $ |
| 1. Individual Contributions: | $ | $ |
| 1. Foundation Support: | $ | $ |
| 1. Fundraisers and Special Events: | $ | $ |
| 1. Government Support: State/Federal/Local: | $ | $ |
| 1. Internal Re-allocation: | $ | $ |
| 1. Other (Please Specify): | $ | $ |
| 1. TOTAL CASH INCOME (Add lines 1-8) | $ |  |
| 1. TOTAL IN-KIND GOODS/SERVICES(From line 24) |  |  |
| 1. TOTAL INCOME WITHOUT GRANT Add lines 9+10 |  |  |
| 1. FOUNDATION GRANT REQUEST |  |  |
| 1. TOTAL INCOME WITH GRANT (Add 11 +12) (Line 25 should =13) |  |  |

## EXPENSES

|  |  |  |  |
| --- | --- | --- | --- |
| *Provide a brief narrative description for each applicable line item.* | Cash  Expense | In-Kind Goods and Services | Specific use of Impact 100 Funds |
| 1. Employee Compensation, Benefits, Taxes: | $ | $ | $ |
| 1. Professional Fees & Contracted Labor: | $ | $ | $ |
| 1. Professional Development: | $ | $ | $ |
| 1. Printing and Publications: | $ | $ | $ |
| 1. Supplies: | $ | $ | $ |
| 1. Marketing/Advertising: | $ | $ | $ |
| 1. Space Rental and Occupancy: | $ | $ | $ |
| 1. Travel/Transportation: | $ | $ | $ |
| 1. Other (Specify): | $ | $ | $ |
| 1. TOTAL CASH EXPENSES (Add Lines 14-22) | $ |  | $ |
| 1. TOTAL IN-KIND GOODS/SERVICES(Add 14-22) |  |  |  |
| 1. TOTAL EXPENSES (Add Lines 23 + 24) | $ |  | $ |